

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sensenbrenner Committee

Full Name (Last, First, Middle Initial)

A. Milwaukee Journal Sentinel

Mailing Address PO Box 371

City	State	Zip Code
Milwaukee	WI	53201

Purpose of Disbursement
Online subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2015

Amount of Each Disbursement this Period

8.62

Transaction ID : D6-000082800049

[MEMO ITEM]

Credit Card Item

B. Public Storage

Mailing Address 1643 Arcadian Avenue

City	State	Zip Code
Waukesha	WI	53186

Purpose of Disbursement
Storage unit

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2015

Amount of Each Disbursement this Period

230.00

Transaction ID : D9-000052240245

[MEMO ITEM]

Credit Card Item

C. web.comMailing Address 303 Peach Tree
Suite 500

City	State	Zip Code
Atlanta	GA	30303

Purpose of Disbursement
Website

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2015

Amount of Each Disbursement this Period

72.90

Transaction ID : D13-000082720149

[MEMO ITEM]

Credit Card Item

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
